USAF HAZARD REPORT				HAZARD REPORT NO. (Assigned by safety Office)			
I HAZARD (To be completed by individual reporting hazard.)							
TO: CHIEF OF SAFETY (Organization and location)  FROM: (Optional - Name, Grade and Organization)							
					8		
TYPE - MODEL, SERIAL NUMBER, A.G.E./MATERIAL/FACILITIES/PROCEDURE OR HEALTH HAZARD INVOLVED							
DESCRIPTION OF HAZARD (Date, Time, SUMMARY · Who, What, When, Where, How)							
					•		
-							
RECOMMENDATIONS (Originator	- Not Mandatory),						
					-		
DATE RECEIVED	REVIEWING PERSON (Typed or printed		SIGNATURE		DESIGNATED OPR		
DATE FORWARD	name, grade, and position or title)				CHEDENICE DATE		
					SUSPENSE DATE		
AF FORM 457, 197309	01 (FF-V2)						

II.	INVESTIGATION OF HAZAF	D
SUMMARY OF INVESTIGATION		
		,
RECOMMENDATIONS (Investigato	)	
•		
	· .	
		l
		· · · · ·
		•
DATE	TYPE OR PRINTED NAME AND GRADE OF ACTION OFFICER	SIGNATURE
		1